



VVFC VACCINE TALLY REPORT 2007

PIN _____
Practice _____
Address _____

Date Submitted _____
Contact _____
Phone () _____
Fax () _____

TEMPERATURES REFRIGERATOR	
	°F / °C (please circle)
FREEZER	
	°F / °C (please circle)

INSTRUCTIONS:

- Conduct a starting vaccine inventory at the beginning of the first business day of the designated month, indicating the date it was conducted at the top of the appropriate column. Do not include private vaccine stock. Do not list lot numbers. Estimate the number of doses in any opened, multi-dose vials.
- Record the number of doses administered to VVFC eligible patients in the middle column. You may use tally marks throughout the month; however, remember to put the numeric total in the designated column before submitting.
- Conduct a physical vaccine inventory at the close of business the last day of month, indicating the date it was conducted. Do not include private vaccine stock. Do not list lot numbers. Estimate the number of doses in any opened, multi-dose vials.
- At the time of the ending inventory, record storage temperatures in the top right-hand corner of form.
- Any expired or wasted vaccine should be included in your inventory UNLESS YOU ALREADY REPORTED it on a VVFC Return Form. **Do not report expired or wasted vaccine via VVFC Return Form on the same day you conduct an inventory.** It may be deducted twice if you excluded it from your inventory.
- Obtain signature of your VVFC main contact (usually the physician who signed the contract) and submit to our office.

VACCINE	STARTING INVENTORY	DOSES ADMINISTERED FOR 2 MONTHS	T O T A L	ENDING INVENTORY
	Date Conducted: _____	(Tally Marks Optional)		Date Conducted: _____ * May not equal Column 2 – Column 4
DT (Pediatric, High Risk)				
DTaP				
DTaP-Hep B-IPV (Pediarix)				
DTaP-Hib (Trihibit)				
Hepatitis A				
Hepatitis B (3 dose series)				
Hepatitis B 2-dose (Adolescent)				
Hib				
Hep B-Hib (Comvax)				
HPV				
Influenza (6 months-35 months)				
Influenza (36 months-18 years)				
Influenza LAIV (FluMist)				
IPV (Polio)				
MCV4 (Meningococcal Conjugate)				
MPSV4 (Mening Polysaccharide)				
MMR				
MMR-Varicella				
PCV-7 (Pneumococcal Conjugate)				
PPV-23 (Pneumo Polysaccharide)				
Rotavirus				
Td (Adolescent / Adult)				
Tdap (Adolescent/Adult)				
Varicella (Chickenpox)				
Other Vaccines:				

On behalf of myself and the practitioners associated with this facility, agree that the data above are accurate to the best of my knowledge.

Division of Immunization, P.O. Box 2448
109 Governor Street, Room 314 West
Richmond, VA 23218

01/23/2007, Private Facilities

VVFC Physician Contact

Signature

Date
Phone (800) 568-1929
(804) 864-8055
Fax (804) 864-8090 or 8089

